MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

07852

Reg. Dist. No. 51

1. PLACE OF DEATH: COUNTY Calvert MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Port Republic
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Calvert
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Port Republic
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Suddie (Middle) (Last) Commodore

4. DATE OF DEATH (Month) 8 (Day) 10 (Year) 1951

5. SEX F

6. COLOR OR RACE C.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow

8. DATE OF BIRTH ?

9. AGE last birthday 81 yrs. If under 1 year Months | Days If under 24 hrs. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House keeper

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Calvert Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME William Commodore

14. MOTHER'S MAIDEN NAME Mary Boome

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS John Commodore Port Republic Md.

18. MEDICAL CERTIFICATION

INTERVAL BETWEEN ONSET AND DEATH

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral hemorrhage

83/X

83a

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) hypertension

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 28, 1951 to Aug 10, 1951, that I last saw the deceased alive on July 28 1951 and that death occurred at 11 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS Prince Frederick, Md. DATE SIGNED 8/13/51

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 8-13-51
NAME OF CEMETERY OR CREMATORY Brown's
LOCATION (City, town, or county) Calvert, (State) Md

DATE REC'D BY LOCAL REG. 8-13-51
REGISTRAR'S SIGNATURE H. W. Ward
24. FUNERAL DIRECTOR P.E. Sewell ADDRESS Pr. Fred. Md.

720826

RECEIVED
AUG 14 1951
BUREAU Y. S

M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1

1

VS A15 9.45.15M

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

07853

Reg. Dist. No. 52

1. PLACE OF DEATH:

County Calvert

City or town Huntingtown

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 4 months

Hospital, institution, or street address where death occurred:

Bowen Home

How long in hospital or institution? –

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Calvert

City or town Huntingtown. Md

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME Maude Elizabeth Cox

3. (b) Social Security Number

4. Sex F

5. Color or race W

6.(a) Single, married, widowed, or divorced W

6.(b) Name of husband or wife James Mason Cox

6.(c) If alive, give age ... years

7. Birth date of deceased (mo., day, yr.) January 10, 1876

8. AGE: Years 75 Months 7 Days 13 If less than one day ... hrs. ... min.

9. Birthplace Sunderland Md

(Town, county, and state)

10. Usual occupation Housework

11. Industry or business

FATHER 12. Name John Benjamin Lyons

FATHER 13. Birthplace Calvert Co Md

MOTHER 14. Maiden name Jennie Fowler

MOTHER 15. Birthplace Calvert Co Md

16. Informant Burton H. Cox

Address 2408 Brambleton Rd Balt, Md

17. Burial Date thereof Aug 25, 51

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Huntingtown Cemetery

Location Huntingtown, Maryland

18. Funeral director Wm. H. Hutchins

Address Owings, Maryland

19. Aug. 25 19 51 Grace L. Hutchins

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 8/23 19 51, at ... M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 7/19 19 50, to 8/22 19 51

and that I last saw her alive on 8/22/51 19

Immediate cause of death	DURATION
Gastric Hemorrhage	10 days
Due to Ruptured Esophageal Varix?	
Due to	
Other conditions Fractured Hip 1 year	1950

529.1

(Include pregnancy within 3 months of death)

118

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE M. D. or other

Address Prince Frederick Md. Date signed 8/24/51

M

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

07854

Reg. Dist. No. 52

1. PLACE OF DEATH · COUNTY: CALVERT MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): PRINCE FREDERICK
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: CALVERT COUNTY HOSP.

2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: MARYLAND. COUNTY: CALVERT
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): SUNDERLAND
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) (First) BETTY (Middle) (Last) DOWELL

4. DATE OF DEATH (Month) 8 - (Day) 18 - (Year) 1951

5. SEX: FEMALE

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED

8. DATE OF BIRTH: OCT 12 18[illegible]

9. AGE last birthday: 83 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWORK

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: CASOWAY GOVER

14. MOTHER'S MAIDEN NAME: BARBARA DOWELL

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO — (If year, give war or dates of service)

16. SOCIAL SECURITY NO. —

17. INFORMANT AND ADDRESS: MRS CORDELIA DOWELL - SUNDERLAND, MD

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Hypertension cardio vascular

442X Antecedent cause(s)

131a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Renal disease

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/1, 1949, to 8/18, 1951, that I last saw the deceased alive on 8/18, 1951, and that death occurred at ..... m., from the causes and on the date stated above.

SIGNATURE (Degree or title) MD ADDRESS Huntingtown DATE SIGNED 8/18/51

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE: Aug 20 1951 | NAME OF CEMETERY OR CREMATORY: Friendship Cemetery | LOCATION (City, town, or county): Friendship (State) Md

DATE REC'D BY LOCAL REG.: Aug 19 51 | REGISTRAR'S SIGNATURE: Grace L. Hutchins | 24. FUNERAL DIRECTOR: Wm H Hutchins ADDRESS: Owings, Md.

I

VS 115

T

Item 3 Film G135 8/14/51 w.w.
8-31-51 ams

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

07855

Reg. Dist. No. 51

1. PLACE OF DEATH: COUNTY Calvert MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Prince Frederick
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Calvert Co. H.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) St Leonard
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Norman (N) (Middle) (Last) Graham
4. DATE OF DEATH (Month) 8 (Day) 1 (Year) 1951
5. SEX M
6. COLOR OR RACE C
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) S
8. DATE OF BIRTH 10-10-1919
9. AGE last birthday 31 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Tobacco Worker
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? USA.
13. FATHER'S NAME James Graham
14. MOTHER'S MAIDEN NAME Florence Gross
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS James Graham - St. Leonards

18. MEDICAL CERTIFICATION

INTERVAL BETWEEN ONSET AND DEATH

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
Immediate cause (a) Cerebral hemorrhage — 2 day
936.9
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Due to Accident (8-31-51 - ams)
195e
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death Hit by baseball bat — 2 day

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
(CITY OR TOWN) St Leonards - (COUNTY) Calvert (STATE) Md.
TIME OF INJURY (Month) 7 (Day) 30 (Year) 51 (Hour) 7 P.m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Hit by baseball bat.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE H. W. Ward (Degree or title) D. M. E. ADDRESS Owings Md DATE SIGNED 8/2/51

23. BURIAL, CREMATION REMOVAL (Specify) Buried
DATE THEREOF 8-4-51
NAME OF CEMETERY OR CREMATORY Brooks' Chapel
LOCATION (City, town, or county) Island Creek (State) Md.

DATE REC'D BY LOCAL REG. 8/2/51
REGISTRAR'S SIGNATURE H. W. Ward
24. FUNERAL DIRECTOR P. E. Sewell - ADDRESS Pr. Fred, Md.

970 VW

1

T

VS. A15A

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

07856

Reg. Dist. No. 51

1. PLACE OF DEATH: COUNTY Calvert MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) St Leonards.
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Calvert
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) St Leonards.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Joseph (Middle) (Last) Gray

4. DATE OF DEATH (Month) 8- (Day) 22- (Year) 1951

5. SEX M

6. COLOR OR RACE C

7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify)

8. DATE OF BIRTH Mar. 10.

9. AGE last birthday 72 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm Owner.

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME George Gray.

14. MOTHER'S MAIDEN NAME Rachel Sawyer.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY No. 216-12-4205A

17. INFORMANT AND ADDRESS Annie Gray St Leonards.

18. MEDICAL CERTIFICATION

INTERVAL BETWEEN ONSET AND DEATH

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

260X

61

Immediate cause (a) Diabetes Mellitus.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) arteriosclerosis -

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/10, 1951, to 8/22, 1951, that I last saw the deceased alive on 8/14, 1951, and that death occurred at 8 00 P.m., from the causes and on the date stated above.

SIGNATURE D Weems (Degree or title) MD ADDRESS Huntingtown Md DATE SIGNED 8/24/51

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 8-25-51
NAME OF CEMETERY OR CREMATORY Brooks Chapel
LOCATION (City, town, or county) Mutual (State) Md.

DATE REC'D BY LOCAL REG. 8-24-51
REGISTRAR'S SIGNATURE H. W. Ward

24. FUNERAL DIRECTOR P. Z. Sewell. ADDRESS Prince Frederick Md.

VS.

180105

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

57

CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH: COUNTY Calvert MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) St. Leonards
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS — — —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Calvert
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) St. Leonards
STREET ADDRESS (If rural, give location) —

3. NAME OF DECEASED (Type or Print) (First) Emma (Middle) E. (Last) Hungerford

4. DATE OF DEATH (Month) Aug. (Day) 9, (Year) 1951

5. SEX F

6. COLOR OR RACE W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) W

8. DATE OF BIRTH Oct. 29, 1873

9. AGE last birthday 77 yrs. If under 1 year Months 9 Days 10 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY Home

11. BIRTHPLACE (State or foreign country) Calvert Co. Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Wm. S. Hungerford

14. MOTHER'S MAIDEN NAME Mary Susan Grover

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) no

16. SOCIAL SECURITY NO. No

17. INFORMANT AND ADDRESS Mrs Herbert Dowell - St. Leonards.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Ventricular fibrillation (heart failure)

450.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Generalized arterio-sclerosis

97

(c) —

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ...., 19...., to 8/8, 1951, that I last saw the deceased alive on 8-8, 1951, and that death occurred at .... m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS St Leonard DATE SIGNED 8/9/51

23. BURIAL, CREMATION REMOVAL, (Specify) Burial
DATE THEREOF Aug. 12, 1951
NAME OF CEMETERY OR CREMATORY St. Paul's Cem.
LOCATION (City, town, or county) Lusby, (State) Md

DATE REC'D BY LOCAL REGR. 8-10-51
REGISTRAR'S SIGNATURE H. W. Ward
24. FUNERAL DIRECTOR J. A. Harkness & Son ADDRESS Mutual, Md

M

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

5

Reg. Dist. No. 51

1. PLACE OF DEATH: COUNTY Calvert MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Solomons LENGTH OF STAY (in this place) 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Wash. D.C.
STREET ADDRESS (If rural give location) 1104 Allison St. N.W.

3. NAME OF DECEASED (Type or Print) (First) Charlie (Middle) Roy (Last) Johnson
4. DATE OF DEATH (Month) Aug (Day) 18 (Year) 1951

5. SEX M
6. COLOR OR RACE C
7. SINGLE, [✓ MARRIED], WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH 9/3/12
9. AGE last birthday 38 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Construction
10b. KIND OF BUSINESS OR INDUSTRY Conc & finisher
11. BIRTHPLACE (State or foreign country) Nelson Co. Va.
12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME Charles Johnson
14. MOTHER'S MAIDEN NAME Ida Dobbins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Geneva Johnson, 1302 T. St N.W. D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Drowning accidental.

850.8 Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

172

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) accident
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) River (CITY OR TOWN) Solomons (COUNTY) Calvert (STATE) Md
TIME OF INJURY (Month) (Day) (Year) (Hour) Aug 18 1951 3⁵⁰ p. m.
INJURY OCCURRED While at Work ☐ Not While At work ☒
HOW DID INJURY OCCUR? Storm upset boat

22. ~~I hereby certify that I attended the deceased from ...., 19...., to ...., 19....,~~ that I last saw the deceased ~~alive on ...., 19....,~~ and that death occurred at 3⁵⁰ p. m., from the causes and on the date stated above.

SIGNATURE H. Dienes Md. (Degree or title) (Med Exam) ADDRESS Huntingtown Md. DATE SIGNED 8/21/51

23. BURIAL, ~~CREMATION, REMOVAL~~ (Specify) DATE 8-22-51 NAME OF CEMETERY OR CREMATORY Lincoln Memorial LOCATION (City, town, or county) Suitland (State) Md

DATE REC'D BY LOCAL REG. 8-21-51
REGISTRAR'S SIGNATURE H. W. Ward
24. FUNERAL DIRECTOR Robert G. McGuire ADDRESS 1820-9 St n.w. Wash. D.C.

A720 [illegible]

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

[illegible] V. S.

Item 9 FilmG136 9/28/51 ww

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

59

CERTIFICATE OF DEATH

Reg. Dist. No. 57

1. PLACE OF DEATH: COUNTY Calvert MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Solomons
LENGTH OF STAY (in this place) 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Wash. D.C.
STREET ADDRESS (If rural, give location) 3303 Sherman Ave N.W.

3. NAME OF DECEASED (Type or Print) (First) Guy (Middle) H. (Last) Johnson
4. DATE OF DEATH (Month) Aug (Day) 18 (Year) 1951
5. SEX M
6. COLOR OR RACE C
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH 1-24-24
9. AGE last birthday 27 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labor
10b. KIND OF BUSINESS OR INDUSTRY Building
11. BIRTHPLACE (State or foreign country) Nelson Co. Va.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Charles Johnson
14. MOTHER'S MAIDEN NAME Ida Dobbins
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Geneva Johnson 1302 T. St N.W. D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
Immediate cause (a) Drowning (accidental)
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)
(c)
850.8
172
INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) accident
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) River
(CITY OR TOWN) Solomons (COUNTY) Calvert (STATE) Md
TIME OF INJURY (Month) (Day) (Year) (Hour) Aug 18 1951 3 50 p.m.
INJURY OCCURRED While at Work ☐ Not While At work ☑
HOW DID INJURY OCCUR? Storm upset boat

22. ~~I hereby certify that I attended the deceased from~~ ......, 19...., to ......, 19...., that I last saw the deceased ~~alive on~~ ......, 19...., ~~and that death occurred at~~ 350 p.m., from the causes and on the date stated above.
SIGNATURE [illegible] M.E. (Calvert Co.) (Degree or title) ADDRESS Huntingtown Md DATE SIGNED 8/21 51

23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (Specify)
DATE THEREOF 8-22-51
NAME OF CEMETERY OR CREMATORY Lincoln Memorial
LOCATION (City, town, or county) Suitland (State) Md

DATE REC'D BY LOCAL REG. 8-21-51
REGISTRAR'S SIGNATURE H. W. Ward
24. FUNERAL DIRECTOR Robert G. McGuire ADDRESS 1820-9 St N.W. Wash. D.C.

A720

[illegible] V. S.

VS. 215

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07860

CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH: COUNTY Calvert MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Broomes Island
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Calvert
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Broomes Island
STREET ADDRESS (If rural, give location) —

3. NAME OF DECEASED (Type or Print) (First) Charlie (Middle) C. (Last) Parks

4. DATE OF DEATH (Month) Aug. (Day) 8, (Year) 1951

5. SEX M

6. COLOR OR RACE W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) S

8. DATE OF BIRTH Nov. 22, 1914

9. AGE last birthday 36 yrs. If under 1 year Months 8 Days 16 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Waterman

10b. KIND OF BUSINESS OR INDUSTRY Fishing & Crabbing

11. BIRTHPLACE (State or foreign country) Calvert County, Md

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME Albert S. Parks

14. MOTHER'S MAIDEN NAME Florence M. Elliott

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) World War II

16. SOCIAL SECURITY NO. 218-01-8166

17. INFORMANT AND ADDRESS Florence M. Parks - Broomes Island, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pulmonary Tuberculosis

002X

Antecedent cause(s)
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

13b

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ...., 19...., to ...., 19...., that I last saw the deceased alive on 8/8, 1951, and that death occurred at ....m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS St Leonard DATE SIGNED 8/9/51

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Aug. 11/1951
NAME OF CEMETERY OR CREMATORY Broomes Island Cem.
LOCATION (City, town, or county) Broomes Island (State) Md

DATE REC'D BY LOCAL REG. 8-10-51
REGISTRAR'S SIGNATURE H. W. Ward

24. FUNERAL DIRECTOR A. A. Harkness & Son ADDRESS Mutual, Md.

910126

07861

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH: COUNTY Calvert — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Lusby
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Calvert
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Lusby
STREET ADDRESS (If rural, give location) —

3. NAME OF DECEASED (Type or Print) (First) Nathaniel (Middle) D. (Last) Sollers

4. DATE OF DEATH (Month) Aug. (Day) 8 (Year) 1951

5. SEX M

6. COLOR OR RACE W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) W

8. DATE OF BIRTH Mar. 5, 1865

9. AGE last birthday 86 yrs. If under 1 year: Months 5 Days 3. If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer

10b. KIND OF BUSINESS OR INDUSTRY Own Farm

11. BIRTHPLACE (State or foreign country) Calvert County, Md

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME Nathaniel D. Sollers

14. MOTHER'S MAIDEN NAME Mary Susan Dare

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No

16. SOCIAL SECURITY No. No

17. INFORMANT AND ADDRESS Virginia Dare Sollers - Lusby, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) arteriosclerosis

450.0

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

97

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/10, 1950, to 8/8, 1951, that I last saw the deceased alive on 8/7, 1951, and that death occurred at 2 P m., from the causes and on the date stated above.

SIGNATURE Weems. (Degree or title) M.D. ADDRESS Huntingtown, Md DATE SIGNED 8/10/51

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF Aug. 10, 1951 — NAME OF CEMETERY OR ~~CREMATORY~~ Middleham Chapel — LOCATION (City, town, or county) Lusby, (State) Md.

DATE REC'D BY LOCAL REG. 8/10/51 — REGISTRAR'S SIGNATURE H. W. Ward

24. FUNERAL DIRECTOR A. A. Harkness & Son — ADDRESS Mutual, Md.

100105

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1

VS. A15